

Non-Hospital Medically Monitored Detoxification (Medically Monitored Detoxification) Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for conditional and full endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

a (1). **Conditional (New Program):** Review identified documents for evidence the provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)

Full: If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

a (2). **Conditional (New Program):** New providers; policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment with DMA. Providers currently billing for non hospital medically monitored detoxification services (Medically Monitored Detoxification), the DMA enrollment documentation should be reviewed to verify the provider's date of enrollment with DMA.

Full: Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

a (3). **Conditional and Full:** Review documentation that demonstrates provider is a legal US business

Non-Hospital Medically Monitored Detoxification (Medically Monitored Detoxification)

Endorsement Check Sheet Instructions

entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the “Program/Clinical Requirements” section of the endorsement review.

a. 1). **Conditional:** Review policy and procedure manual, program description, job descriptions for language verifying: the intent to hire staff with the appropriate degrees, license, certifications, education, training and skill consistent with requirements and responsibility of the positions, that include: 1) physicians who are available 24 hours a day by telephone and who can conduct an assessment within 24 hours of admission, 2) a registered nurse who will be available to conduct nursing assessments on admission and oversee the monitoring of a patient’s progress and medication; 3) appropriately licensed and credentialed staff who will be available to administer medications in accordance with a physicians order; and 4) persons who meet the requirements specified for CCS, LCAS, and CSAC who may deliver a planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Monitored Detoxification.

Full: In addition to the above, review program description, personnel files, employment application, resume, license, certificates and other documentation to verify that staff hold the appropriate degrees, license, certifications, education, training and skill consistent with requirements and responsibility of the required positions from above. Review service record, service notes and staff schedules including on-call responsibilities to verify that physician assessment was completed within 24 hours of admission; a nursing assessment was completed at admission and a nurse to monitor patients progress and medication; medications were administered per physician order and other services were provided according to the PCP.

b. 2) **Conditional:** Review policy and procedure manual, program description, job descriptions for language verifying: the intent to hire staff with the appropriate degrees, license, certifications, education, training and skill consistent with requirements and responsibility of the positions, that include: 5) the planned regimen of 24-hour evaluation, care and treatment services must be under the clinical supervision of a CCS or LCAS who is available by phone 24 hours a day. 6) The planned regimen of 24-hour evaluation, care and treatment services for patients engaged in Medically Monitored Detoxification must be provided by staff who meet the requirements specified for QP or AP status in Substance Abuse according to 10A NCAC 27G.0104, under the supervision of a LCAS or CCS. 7) Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10A NCAC 27G.0104 and who have the knowledge, skills and abilities required by the population and age to be served may deliver the planned regimen of 24-hour evaluation, care and treatment services for

Non-Hospital Medically Monitored Detoxification (Medically Monitored Detoxification)

Endorsement Check Sheet Instructions

patients engaged in Medically Monitored Detoxification, under the supervision of a LCAS or CCS.

Full: In addition to the above, review program description, personnel files, employment application, resume, license, certificates and other documentation to verify that staff hold the appropriate degrees, license, certifications, education, training and skill consistent with requirements and responsibility of the required positions from above. Review service record, service notes and staff schedules including on-call responsibilities to verify that the planned regimen of 24-hour evaluation, care and treatment services is under the clinical supervision of a CCS or LCAS who is available by phone 24 hours a day.

Review supervisory plans and notes to verify that the Qualified Professionals, Associate Professionals and paraprofessionals have received supervision from a LCAS or CCS.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of Non-Hospital Medically Monitored Detoxification and the service delivery system.

a. Conditional: Review the program description for language that demonstrates that the Non-Hospital Medically Monitored Detoxification is an organized service delivered by medical and nursing professionals that provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility affiliated with a hospital or in a freestanding facility of 16 beds or less. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures and clinical protocols.

Full: In addition to the above, review service schedule and services notes for documentation of provision of appropriate program services.

b. Conditional: Review policy and procedure manual for language demonstrating a service order for Non-Hospital Medically Monitored Detoxification must be completed by a physician, licensed psychologist, physician's assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

Full: Review service records to verify a service order for Non-Hospital Medically Monitored Detoxification is completed by a physician, licensed psychologist, physician's assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

c. Conditional and Full: Verification of 10A NCAC 27G .3100 Non-Hospital Detoxification for Individuals Who Are Substance Abusers license issued by DFS.

Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions.

a. Conditional: Review program description, policy and procedure manuals and personnel files for language that demonstrates the following: 1) a minimum of one direct care staff member shall be on duty at all times for every nine or fewer clients; 2) the treatment of each client shall be under the supervision of a physician; 3) the services of a CSAC shall be available to each client; 4) each facility shall have at least one staff member on duty at all times trained in the following areas: (a) substance abuse withdrawal symptoms, including delirium tremens; and (b) symptoms of secondary complications

Non-Hospital Medically Monitored Detoxification (Medically Monitored Detoxification)

Endorsement Check Sheet Instructions

to substance abuse; 5) each direct care staff member shall receive continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies.

Full: In addition to the above, review service notes and PCP for language that demonstrates each patient is under the supervision of a physician. Review staff schedule and schedule of operations to verify that a minimum of one direct care staff member is on duty at all times for every nine or fewer clients; the services of a CSAC are available to each client; and the facility has at least one staff member on duty at all times trained in the following areas: (a) substance abuse withdrawal symptoms, including delirium tremens; and (b) symptoms of secondary complications to substance abuse. Review personnel file, staff training documentation and staff schedules to ensure each direct care staff member receives continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies.

b. Conditional: Review program policy and procedure manual for language that demonstrates that the facility has a written policy that requires: (1) procedures for monitoring each client's general condition and vital signs during at least the first 72 hours of the detoxification process; and (2) procedures for monitoring and recording each client's pulse rate, blood pressure and temperature at least every four hours for the first 24 hours and at least three times daily thereafter.

Full: In addition to the above, review service notes to verify that (1) each client's general condition and vital signs are monitored during at least the first 72 hours of the detoxification process; and (2) each client's pulse rate, blood pressure and temperature are monitored at least every four hours for the first 24 hours and at least three times daily thereafter.

c. Conditional: Review program policy and procedure manual for clinical protocols that determine the level of nursing care that is appropriate based on the severity of patient needs.

Full: In addition to the above, review service notes to verify documentation that clinical protocols were followed.

d. Conditional: Review program policy and procedure manual for language that demonstrates that the facility will complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment or rehabilitation facility.

Full: Review service record to verify that the facility completed a discharge plan for each client and referred each client who completed detoxification to an outpatient or residential treatment or rehabilitation facility.

Documentation Requirements

All contacts for non-hospital medically monitored detoxification services must be documented - a full daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

a. Conditional: Review policy and procedure manuals for language demonstrating the expectation that minimum standard is a full daily note that includes: 1) recipient's name, 2) Medicaid ID, 3) dates of service, 4) purpose of contact, 5) describes the provider's interventions, 6) the time spent performing the intervention, 7) the effectiveness of interventions, and 8) the signature and credentials of the staff providing the service.

Full: Review service notes to verify the above.

b. Conditional: Review policy and procedure manual for language that demonstrates that detoxification rating scale tables [e.g., Clinical Institute Withdrawal Assessment-Alcohol, Revised (CIWA-AR)] and

Non-Hospital Medically Monitored Detoxification (Medically Monitored Detoxification)
Endorsement Check Sheet Instructions

flow sheets (includes tabulation of vital signs) are used as needed.

Full: Review service notes and flow sheets to verify the above.

c. Conditional: Review policy and procedure manual for language that demonstrates that a documented discharge plan, which will be discussed with the recipient, is to be included in the record.

Full: Review service record to verify that a discharge plan is documented and was discussed with the recipient.

d. Conditional: Review policy and procedure manuals for language that demonstrates all other clinically significant contacts with the client must be recorded in the service record, incident reports are mandated and NC TOPPS form completion is required.

Full: Review service records for language that demonstrates all other clinically significant contacts with the client are recorded in the service record and NC TOPPS is completed when applicable. Review incident reports.